

SECTION A County/Provider Information

1. County Name:

2. Provider Name:

3. Provider ID No.:

4. Contact Person:

5. Mailing Address:   
(Street)  
  
(City)   
(County)   
(Zip)

6. Telephone No.: (  )   
(Area Code)

7. Facility Address:   
(Street)  
  
(City)   
(County)   
(Zip)

8. Today's Date:

9. Submission Type: ☐ Original  
☐ Amended

10. Funding Source(s): ☐ SAPT  
☐ SDFSCA (If checked (\$), complete Section B5.)

11. Type of Contract: ☐ In-County Contract  
☐ County Operated  
☐ Out-of-County Contract

SECTION B Program Information

1. **Program Status.** Please enter in the box the one code number (1, 2, 3) that applies to the program.

☐ 1 = New Projected Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2 = Existing Services  
3 = Expanded Services

2. **Program Service Tracking Reports**  
Please check (\$)all boxes that apply to the strategy forms that will be completed and included in this package.

☐ (1) Information-Dissemination (ADP 7235B)  
☐ (2) Education (ADP 7235C)  
☐ (3) Alternatives (ADP 7235D)  
☐ (4) Problem Identification & Referral (ADP 7235E)  
☐ (5) Community-Based Process (ADP 7235F)  
☐ (6) Environmental (ADP 7235G)

3. **ADP Negotiated Net Amount Contract Prevention Elements:**  
Please check (\$)all the boxes that apply.

	Yes	No
(a) <u>Assessment.</u> Do you use local data to identify needs and determine the goals/outcomes of prevention activities/services?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <u>Prioritize.</u> Do you use local advice to establish priorities, clarify purposes, and assure cultural appropriateness for participants/recipients?	<input type="checkbox"/>	<input type="checkbox"/>
(c) <u>Actions &amp; Measurements.</u> Do you have action steps, including specified means to measure progress and final results?	<input type="checkbox"/>	<input type="checkbox"/>
(d) <u>Proven Prevention.</u> Are your prevention activities/services based on an identifiable theory or practice that is supported by evaluation/research?	<input type="checkbox"/>	<input type="checkbox"/>
(e) <u>Evaluate Results.</u> Do you use the measurement data to continuously refine, strengthen and sustain prevention results?	<input type="checkbox"/>	<input type="checkbox"/>

4. **Accessibility.**  
Please check (\$)all the boxes that apply to the program services accessible to persons who may have disabilities related to the following:

☐ (a) Hearing  
☐ (b) Mobility  
☐ (c) Vision  
☐ (d) Speech  
☐ (e) Mental  
☐ (f) Developmental  
☐ (g) Other (specify) \_\_\_\_\_

5. **Special Population Breakdown (Required for SDFSCA funding only).**

Please enter a “Y” or “N” to indicate if the service was delivered. For each “Yes,” complete the entire row. Enter “A” or “E” to indicate if the numbers are actual or estimated.

POPULATION	Y=Yes N=No	Total Number of Persons Served	A=Actual E=Estimate	Under 5 yrs.	5-9 yrs.	10-12 yrs.	13-15 yrs.	16-18 yrs.	19 and over
(a) School-aged youth attending public or private schools									
(b) School-aged youth, not in school; e.g., dropouts, incarcerated									
(c) Parents or guardians of school-aged youth									
(d) Law enforcement officials (including district attorneys)									
(e) Teachers and other school personnel									
(f) Other community members, including service recipients under 5 years old									